

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee House of Correction.
8885 South 68th Street
Franklin, WI 53132-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000364
Invoice Date: 08/23/2013
Amount Due: 160864.64

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
07/31/2013	All Meals, HOC-INMATE MEALS - 31656 Meals @ 1.2080 ea.	38240.45
07/31/2013	HOC - TOTAL BAG LUNCHES 07/25 - 07/31/13.	3363.07
07/31/2013	HOC - TOTAL PREGNANCY AND DIABETICS 07/25 - 07/31/13.	197.64
08/07/2013	All Meals, HOC-INMATE MEALS - 31070 Meals @ 1.2080 ea.	37532.56
08/07/2013	HOC - TOTAL BAG LUNCHES 08/01 - 08/07/13.	2203.39
08/07/2013	HOC - TOTAL PREGNANCY AND DIABETICS 08/01 - 08/07/13.	197.64
08/14/2013	All Meals, HOC-INMATE MEALS - 30961 Meals @ 1.2080 ea.	37400.89
08/14/2013	HOC - TOTAL BAG LUNCHES 08/08 - 08/14/13.	1903.81
08/14/2013	HOC - TOTAL PREGNANCY AND DIABETICS 08/08 - 08/14/13.	156.47
08/21/2013	All Meals, HOC-INMATE MEALS - 30898 Meals @ 1.2080 ea.	37324.78
08/21/2013	HOC - TOTAL BAG LUNCHES 08/15 - 08/21/13.	2209.43
08/21/2013	HOC - TOTAL PREGNANCY AND DIABETICS 08/15 - 08/21/13.	134.51

COPY

----- Continued -----

I N V O I C E
Correctional Services

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MAIL ALL REMITTANCES TO
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P.O BOX 406019
Atlanta, GA 30384-6019

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8885 South 68th Street
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Invoice Number: 3312000364
Invoice Date: 08/23/2013
Page No. 2

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale		
Date	Description	Amount

REPRINTED INVOICE

Sub Total ->	160864.64
Sales Tax ->	0.00
Total Amount Due ->	160864.64

Tax Exemption Number: 232778485 Certificate on File ☐ Yes ☒ No

Payment made by ☐ Cash Deposit Date _____
☐ Check Check No. _____ Check Date _____

Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature _____ Other Signature _____

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Correctional Services

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8885 South 68th Street
Franklin, WI 53132-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000366
Invoice Date: 08/23/2013
Amount Due: 51.04

For additional information on this Invoice, please call

OLGA CEBALLOS (414) 427-4719

Sale		
Date	Description	Amount
07/31/2013	HOC - LAUNDRY COOKIES 07/25 - 07/31/13.	12.76
08/07/2013	HOC - LAUNDRY COOKIES 08/01 - 08/07/13.	12.76
08/14/2013	HOC - LAUNDRY COOKIES 08/08 - 08/14/13.	12.76
08/21/2013	HOC - LAUNDRY COOKIES 08/15 - 08/21/13.	12.76

REPRINTED INVOICE

Sub Total -> 51.04
Sales Tax -> 0.00
Total Amount Due -> 51.04

Tax Exemption Number: 232778485 Certificate on File ___Yes_/_No

Payment made by ___Cash___ Deposit Date _____
___Check___ Check No. _____ Check Date _____

Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature _____ Other Signature _____

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I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000365
Invoice Date: 08/23/2013
Amount Due: 109153.84

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
07/25/2013	CJF - TOTAL EXTRA MILK SERVED 07/25 - 07/31/13.	235.91
07/31/2013	All Meals, CJF - INMATE MEALS - 20419 Meals @ 1.2080 ea.	24666.15
07/31/2013	CJF - TOTAL BAG LUNCHES AND TRANSPORT 07/25 - 07/31/13.	523.06
07/31/2013	CJF - BOOKING, PREGNANCY AND DIABETICS 07/25 - 07/31/13.	1970.36
08/07/2013	All Meals, CJF - INMATE MEALS - 20549 Meals @ 1.2080 ea.	24823.19
08/07/2013	CJF - TOTAL BAG LUNCHES AND TRANSPORT 08/01 - 08/07/13.	263.34
08/07/2013	CJF - TOTAL BOOKING, PREGNANCY AND DIABETICS 08/01 - 08/07/13.	1860.56
08/07/2013	CJF - TOTAL EXTRA MILK SERVED 08/01 - 08/07/13.	222.21
08/14/2013	All Meals, CJF - INMATE MEALS - 20537 Meals @ 1.2080 ea.	24808.70
08/14/2013	CJF - TOTAL BAG LUNCHES AND TRANSPORT 08/08 - 08/14/13.	236.77

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---- Continued ----

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Correctional Services

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P.O BOX 406019
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821 West State Street
Milwaukee, WI 53233-

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Invoice Number: 3312000365
Invoice Date: 08/23/2013
Page No. 2

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
08/14/2013	CJF - TOTAL BOOKING, PREGNANCY AND DIABETICS 08/08 - 08/14/13.	1851.23
08/14/2013	CJF - EXTRA MILK 08/08 - 08/14/13.	247.15
08/21/2013	All Meals, CJF - INMATE MEALS - 20662 Meals @ 1.2080 ea.	24959.70
08/21/2013	CJF - TOTAL BAG LUNCHES AND TRANSPORT 08/15 - 08/21/13.	277.84
08/21/2013	CJF - BOOKING, PREGNANCY AND DIABETICS 08/15 - 08/21/13.	1979.15
08/21/2013	CJF - EXTRA MILK SERVED 08/15 - 08/21/13.	228.52

REPRINTED INVOICE

Sub Total -> 109153.84
Sales Tax -> 0.00
Total Amount Due -> 109153.84

Tax Exemption Number: _____ Certificate on File ☐ Yes ☒ No
Payment made by ☐ Cash Deposit Date _____
☐ Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature _____ Other Signature _____

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Atlanta, GA 30384-6019

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8885 South 68th Street
Franklin, WI 53132-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000374
Invoice Date: 09/27/2013
Amount Due: 202555.54

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
08/28/2013	All Meals, HOC-INMATE MEALS - 31479 Meals @ 1.2080 ea.	38026.63
08/28/2013	HOC - TOTAL BAG LUNCHES 08/22 - 08/28/13.	2024.61
08/28/2013	HOC - TOTAL PREGNANCY AND DIABETICS 08/22 - 08/28/13.	159.21
09/04/2013	All Meals, HOC-INMATE MEALS - 32286 Meals @ 1.2080 ea.	39001.49
09/04/2013	HOC - TOTAL BAG LUNCHES 08/29 - 09/04/13.	2222.72
09/04/2013	HOC - PREGNANCY AND DIABETICS 08/29 - 09/04/13.	194.90
09/11/2013	All Meals, HOC-INMATE MEALS - 32320 Meals @ 1.2080 ea.	39042.56
09/11/2013	HOC - TOTAL BAG LUNCHES 09/05 - 09/11/13.	2315.74
09/11/2013	HOC - TOTAL PREGNANCY AND DIABETICS 09/05 - 09/11/13.	200.39
09/18/2013	All Meals, HOC-INMATE MEALS - 30899 Meals @ 1.2080 ea.	37325.99
09/18/2013	HOC - TOTAL BAG LUNCHES 09/12 - 09/18/13.	2513.85
09/18/2013	HOC - TOTAL PREGNANCY AND DIABETICS 09/12 - 09/18/13.	208.62

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Invoice Number: 3312000374
Invoice Date: 09/27/2013
Page No. 2

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale		
Date	Description	Amount
09/25/2013	All Meals, HOC-INMATE MEALS - 30295 Meals @ 1.2080 ea.	36596.36
09/25/2013	HOC - BAG LUNCHES 09/19 - 09/25/13.	2513.85
09/25/2013	HOC - PREGNANCY AND DIABETICS 09/19 - 09/25/13.	208.62

REPRINTED INVOICE

Sub Total -> 202555.54
Sales Tax -> 0.00
Total Amount Due -> 202555.54

Tax Exemption Number: 232778485 Certificate on File ___Yes_/_No

Payment made by ___ Cash Deposit Date _____
___ Check Check No. _____ Check Date _____

Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature _____ Other Signature _____

I N V O I C E
Correctional Services

Terms: Due Upon Presentation

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

LJ

IMPORTANT

Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number:	3312000375
Invoice Date:	09/27/2013
Amount Due:	141205.35

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
08/28/2013	All Meals, CJF - INMATE MEALS - 20713 Meals @ 1.2080 ea.	25021.30
08/28/2013	CJF - TOTAL BAG LUNCHES AND TRANSPORT 08/22 - 08/28/13.	316.50
08/28/2013	CJF - TOTAL BOOKING, PREGNANCY AND DIABETICS 08/22 - 08/28/13.	1840.25
08/28/2013	CJF - EXTRA MILK SERVED 08/22 - 08/28/13.	217.01
09/04/2013	All Meals, CJF - INMATE MEALS - 20377 Meals @ 1.2080 ea.	24615.42
09/04/2013	CJF - TOTAL BAG LUNCHES AND TRANSPORT 08/29 - 09/04/13.	244.02
09/04/2013	CJF - BOOKING, PREGNANCY AND DIABETICS 08/29 - 09/04/13.	2327.76
09/04/2013	CJF - TOTAL EXTRA MILK 08/29 - 09/04/13.	240.02
09/11/2013	All Meals, CJF - INMATE MEALS - 20903 Meals @ 1.2080 ea.	25250.82
09/11/2013	CJF - TOTAL BAG LUNCHES AND TRANSPORT 09/05 - 09/11/13.	322.54
09/11/2013	CJF - TOTAL BOOKING, PREGNANCY AND DIABETICS 09/05 - 09/11/13.	2064.79

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P.O BOX 406019
Atlanta, GA 30384-6019

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Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

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Invoice Number: 3312000375
Invoice Date: 09/27/2013
Page No. 2

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
09/11/2013	CJF - TOTAL EXTRA MILK SERVED 09/05 - 09/11/13.	213.99
09/18/2013	All Meals, CJF - INMATE MEALS - 21829 Meals @ 1.2080 ea.	26369.43
09/18/2013	CJF - TOTAL BAG LUNCHES AND TRANSPORT 09/12 - 09/18/13.	436.09
09/18/2013	CJF - TOTAL BOOKING, PREGNANCY AND DIABETICS 09/12 - 09/18/13.	2324.47
09/18/2013	CJF - EXTRA MILK SERVED 09/12 - 09/18/13.	283.04
09/25/2013	All Meals, CJF - INMATE MEALS - 22187 Meals @ 1.2080 ea.	26801.90
09/25/2013	CJF - BAG LUNCHES AND TRANSPORT 09/19 - 09/25/13.	237.98
09/25/2013	CJF - BOOKING, PREGNANCY AND DIABETICS 09/19 - 09/25/13.	1805.66
09/25/2013	CJF - EXTRA MILK SERVED 09/19 - 09/25/13.	272.36

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Atlanta, GA 30384-6019

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Milwaukee, WI 53233-

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Invoice Number: 3312000375
Invoice Date: 09/27/2013
Page No. 3

For additional information on this Invoice, please call

OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
--------------	-------------	--------

REPRINTED INVOICE

Sub Total ->	141205.35
Sales Tax ->	0.00
Total Amount Due ->	141205.35

Tax Exemption Number: Certificate on File ☐ Yes ☒ No

Payment made by ☐ Cash Deposit Date _____
☐ Check Check No. _____ Check Date _____

Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature _____ Other Signature _____

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Correctional Services

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Atlanta, GA 30384-6019

TO:
Milwaukee House of Correction
8885 South 68th Street
Franklin, WI 53132-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000376
Invoice Date: 09/27/2013
Amount Due: 63.80

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
08/28/2013	HOC - LAUNDRY COOKIES 08/22 - 08/28/13.	12.76
09/04/2013	HOC - LAUNDRY COOKIES 08/29 - 09/04/13.	12.76
09/11/2013	HOC - LAUNDRY COOKIES 09/05 - 09/11/13.	12.76
09/18/2013	HOC - LAUNDRY COOKIES 09/12 - 09/18/13.	12.76
09/25/2013	HOC - LAUNDRY COOKIES 09/19 - 09/25/13.	12.76

COPY

REPRINTED INVOICE

Sub Total -> 63.80
Sales Tax -> 0.00
Total Amount Due -> 63.80

Tax Exemption Number: 232778485 Certificate on File ☐ Yes ☒ No

Payment made by ☐ Cash Deposit Date _____
☐ Check Check No. _____ Check Date _____

Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature _____ Other Signature _____

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
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MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep.
821 West State Street
Milwaukee, WI 53233-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000383
Invoice Date: 10/25/2013
Amount Due: 114209.60

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
10/02/2013	All Meals, CJF - INMATE MEALS - 21983 Meals @ 1.2080 ea.	26555.46
10/02/2013	CJF - BAG LUNCHEES AND TRANSPORT 09/26 - 10/02/13.	333.41
10/02/2013	CJF - BOOKING, PREGNANCY AND DIABETICS 09/26 - 10/02/13.	2083.46
10/02/2013	CJF - EXTRA MILK SERVED.	354.01
10/09/2013	All Meals, CJF - INMATE MEALS - 21844 Meals @ 1.2080 ea.	26387.55
10/09/2013	CJF - TOTAL BAG LUNCHE AND TRANSPORT 10/03 - 10/09/13.	275.42
10/09/2013	CJF - TOTAL BOOKING, PREGNANCY AND DIABETICS 10/03 - 10/09/13.	2252.55
10/09/2013	CJF - TOTAL EXTRA MILK SERVED 10/03 - 10/09/13.	279.21
10/16/2013	All Meals, CJF - INMATE MEALS - 21080 Meals @ 1.2080 ea.	25464.64
10/16/2013	CJF - TOTAL BAG LUNCHEES AND TRANSPORT 10/10 - 10/16/13.	334.62

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I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL, ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

L J
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Invoice Number: 3312000383
Invoice Date: 10/25/2013
Page No. 2

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
10/16/2013	CJF - TOTAL BOOKING, PREGNANCY AND DIABETICS 10/10 - 10/16/13.	2021.42
10/16/2013	CJF - TOTAL EXTRA MILK SERVED 10/10 - 10/16/13.	246.33
10/23/2013	All Meals, CJF - INMATE MEALS - 21272 Meals @ 1.2080 ea.	25696.58
10/23/2013	CJF - TOTAL BAG LUNCHES AND TRANSPORT FOR THE WEEK OF 10/17 - 10/23/13.	233.14
10/23/2013	CJF - TOTAL BOOKING, PREGNANCY AND DIABETICS FOR THE WEEK OF 10/17 - 10/23/13.	1421.36
10/23/2013	CJF - TOTAL EXTRA MILK FOR THE WEEK OF 10/17 - 10/23/13.	270.44

REPRINTED INVOICE

Sub Total -> 114209.60
Sales Tax -> 0.00
Total Amount Due -> 114209.60

Tax Exemption Number: _____ Certificate on File ☒ Yes ☐ No
Payment made by ☐ Cash Deposit Date _____
☐ Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature _____ Other Signature _____

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Franklin, WI 53132-

L J

IMPORTANT

Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number:	3312000384
Invoice Date:	10/25/2013
Amount Due:	161782.91

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
10/02/2013	All Meals, HOC-INMATE MEALS - 30563 Meals @ 1.2080 ea.	36920.10
10/02/2013	HOC - BAG LUNCHES 09/26 - 10/02/13.	2531.97
10/02/2013	HOC - PREGNANCY AND DIABETICS 09/26 - 10/02/13.	208.62
10/09/2013	All Meals, HOC-INMATE MEALS - 30690 Meals @ 1.2080 ea.	37073.52
10/09/2013	HOC - TOTAL BAG LUNCHES 10/03 - 10/09/13.	2350.77
10/09/2013	HOC - TOTAL PREGNANCY AND DIABETICS 10/03 - 10/09/13.	212.46
10/16/2013	All Meals, HOC-INMATE MEALS - 31614 Meals @ 1.2080 ea.	38189.71
10/16/2013	HOC - TOTAL BAG LUNCHES 10/10 - 10/16/13.	2638.27
10/16/2013	HOC - TOTAL PREGNANCY AND DIABETICS 10/10 - 10/16/13.	167.45
10/23/2013	All Meals, HOC-INMATE MEALS - 32199 Meals @ 1.2080 ea.	38896.39
10/23/2013	HOC - TOTAL BAG LUNCHES FOR THE WEEK OF 10/17 - 10/23/13.	2401.50
10/23/2013	HOC - TOTAL PREGNANCY AND DIABETICS FOR THE WEEK OF 10/17 - 10/23/13.	192.15

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Invoice Number: 3312000384
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Page No. 2

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
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REPRINTED INVOICE

Sub Total ->	161782.91
Sales Tax ->	0.00
Total Amount Due ->	161782.91

Tax Exemption Number: 232778485 Certificate on File ___Yes_ ☒ No

Payment made by ___ Cash Deposit Date _____

___ Check Check No. _____ Check Date _____

Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature _____ Other Signature _____

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8885 South 68th Street
Franklin, WI 53132-

IMPORTANT
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Invoice Number: 3312000385
Invoice Date: 10/25/2013
Amount Due: 51.04

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
10/02/2013	HOC - LAUNDRY COOKIES 09/26 - 10/02/13.	12.76
10/09/2013	HOC - LAUNDRY COOKIES 10/03 - 10/09/13.	12.76
10/16/2013	HOC - LAUNDRY COOKIES 10/10 - 10/16/13.	12.76
10/23/2013	HOC - LAUNDRY COOKIES FOR THE WEEK OF 10/17 - 10/23/13.	12.76

REPRINTED INVOICE

Sub Total -> 51.04
Sales Tax -> 0.00
Total Amount Due -> 51.04

Tax Exemption Number: 232778485 Certificate on File ☒ Yes ☐ No

Payment made by ☐ Cash Deposit Date _____
☐ Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

COPY

Authorized ARAMARK Signature _____ Other Signature _____

MISSING
W44

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
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TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000395
Invoice Date: 11/22/2013
Amount Due: 110269.41

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale		
Date	Description	Amount
10/30/2013	All Meals, CJF - INMATE MEALS - 21071 Meals @ 1.2080 ea.	25453.77
10/30/2013	CJF - TOTAL BAG LUNCHES AND TRANSPORT 10/24/13 - 10/30/13.	357.57
10/30/2013	CJF - TOTAL BOOKING , PREGNANCY AND DIABETICS 10/24/13 - 10/30/13.	2178.98
10/30/2013	CJF - TOTAL EXTRA MILK 10/24/13 - 10/30/13.	268.56
11/06/2013	All Meals, CJF - INMATE MEALS - 20869 Meals @ 1.2080 ea.	25209.75
11/06/2013	CJF - TOTAL BAG LUNCHES AND TRANSPORT 10/31 - 11/06/13.	332.20
11/06/2013	CJF - TOTAL BOOKING, PREGNANCY AND DIABETICS.	1790.84
11/06/2013	CJF - TOTAL EXTRA MILK 10/31 - 11/06/13.	257.01
11/13/2013	CJF - TOTAL BAG LUNCHES AND TRANSPORT 11/07 - 11/13/13.	283.88
11/13/2013	CJF - TOTAL BOOKING, PREGNANCY AND DIABETICS 11/07 - 11/13/13.	1508.10

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---- Continued ----

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000395
Invoice Date: 11/22/2013
Page No. 2

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
11/13/2013	CJF - TOTAL EXTRA MILK 11/07 - 11/13/13.	246.33
11/13/2013	All Meals, CJF - INMATE MEALS - 20610 Meals @ 1.2080 ea.	24896.88
11/20/2013	All Meals, CJF - INMATE MEALS - 20787 Meals @ 1.2080 ea.	25110.70
11/20/2013	CJF - TOTAL BAG LUNCHES AND TRANSPORT 11/14 - 11/20/13.	190.86
11/20/2013	CJF - TOTAL BOOKING, PREGNANCY AND DIABETICS 11/14 - 11/20/13.	1911.62
11/20/2013	CJF - TOTAL EXTRA MILK 11/14 - 11/20/13.	272.36

REPRINTED INVOICE

Sub Total ->	110269.41
Sales Tax ->	0.00
Total Amount Due ->	110269.41

Tax Exemption Number: _____ Certificate on File ☒ Yes ☐ No
Payment made by ☐ Cash Deposit Date _____
☐ Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature _____ Other Signature _____

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

MISS-
WHY
TO:
Milwaukee House of Correction
8885 South 68th Street
Franklin, WI 53132-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000396
Invoice Date: 11/22/2013
Amount Due: 165559.46

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
10/30/2013	All Meals, HOC-INMATE MEALS - 32744 Meals @ 1.2080 ea.	39554.75
10/30/2013	HOC - TOTAL BAG LUNCHES 10/24/13 - 10/30/13.	2351.98
10/30/2013	HOC - TOTAL PREGNANCY AND DIABETICS 10/24/13 - 10/30/13.	202.03
11/06/2013	All Meals, HOC-INMATE MEALS - 32555 Meals @ 1.2080 ea.	39326.44
11/06/2013	HOC - TOTAL BAG LUNCHES 10/31 - 11/06/13.	2353.18
11/06/2013	HOC - TOTAL PREGNANCY AND DIABETICS SALES.	192.15
11/13/2013	HOC - TOTAL BAG LUNCHES 11/07 - 11/13/13.	2095.88
11/13/2013	HOC - TOTAL PREGNANCY AND DIABETICS 11/07 - 11/13/13.	186.66
11/13/2013	All Meals, HOC-INMATE MEALS - 32206 Meals @ 1.2080 ea.	38904.85
11/20/2013	All Meals, HOC-INMATE MEALS - 31654 Meals @ 1.2080 ea.	38238.03

----- Continued -----

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I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee House of Correction
8885 South 68th Street
Franklin, WI 53132-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000396
Invoice Date: 11/22/2013
Page No. 2

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
11/20/2013	HOC - TOTAL BAG LUNCHES 11/14 - 11/20/13.	1975.08
11/20/2013	HOC - TOTAL PREGNANCY AND DIABETICS 11/14 - 11/20/13.	178.43

REPRINTED INVOICE

Sub Total -> 165559.46
Sales Tax -> 0.00
Total Amount Due -> 165559.46

Tax Exemption Number: 232778485 Certificate on File ___Yes___/___No___

Payment made by ___Cash___ Deposit Date _____
___Check___ Check No. _____ Check Date _____

Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature _____ Other Signature _____

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correctional Services
P.O BOX 406019
Atlanta, GA 30384-6019

MISSING
WHY
TO:
Milwaukee House of Correction
8885 South 68th Street
Franklin, WI 53132-

L
J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000397
Invoice Date: 11/22/2013
Amount Due: 51.04

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
10/30/2013	HOC - LAUNDRY COOKIES 10/24/13 - 10/30/13.	12.76
11/06/2013	HOC - LAUNDRY COOKIES 10/31 - 11/06/13.	12.76
11/13/2013	HOC - LAUNDRY COOKIES 11/07 - 11/13/13.	12.76
11/20/2013	HOC - LAUNDRY COOKIES 11/14 - 11/20/13.	12.76

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Sub Total -> 51.04
Sales Tax -> 0.00
Total Amount Due -> 51.04

Tax Exemption Number: 232778485 Certificate on File ___Yes_✓_No

Payment made by ___ Cash Deposit Date _____
___ Check Check No. _____ Check Date _____

Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature _____ Other Signature _____

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee House of Correction
8885 South 68th Street
Franklin, WI 53132-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000408
Invoice Date: 12/25/2013
Amount Due: 191382.85

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

- 127p
191,370.⁰⁴

Sale Date	Description	Amount
11/27/2013	HOC - TOTAL BAG LUNCHES 11/21 - 11/27/13	1952.13
11/27/2013	HOC - TOTAL PREGNANCY AND DIABETICS 11/21 - 11/27/13	181.17
11/27/2013	All Meals, HOC-INMATE MEALS - 31236 Meals @ 1.2080 ea.	37733.09
11/27/2013	HOC - LAUNDRY COOKIES 11/21 - 11/27/13	12.76
12/04/2013	All Meals, HOC-INMATE MEALS - 31172 Meals @ 1.2080 ea.	37655.78
12/04/2013	HOC - TOTAL BAG LUNCHES 11/28 - 12/4/13	1459.26
12/04/2013	HOC - TOTAL PREGNANCY AND DIABETICS 11/28 - 12/4/13	164.70
12/11/2013	HOC - TOTAL BAG LUNCHES FOR THE WEEK OF 12/5 - 12/11/13	1996.82
12/11/2013	HOC - TOTAL PREGNANCY AND DIABETICS FOR THE WEEK OF 12/5 - 12/11/13	148.23
12/11/2013	All Meals, HOC-INMATE MEALS - 29357 Meals @ 1.2080 ea.	35463.26

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I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee House of Correction
8885 South 68th Street
Franklin, WI 53132-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000408
Invoice Date: 12/25/2013
Page No. 2

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
12/18/2013	HOC - SOLD 1 CASE GRAHM CRACKERS TO HEALTH CENTER 12/12/13	21.37
12/18/2013	HOC - TOTAL BAG LUNCHES 12/12 - 12/19/13	1995.62
12/18/2013	HOC - TOTAL PREGANACY AND DIABETICS WEEK OF 12/12 -12/19/13	182.82
12/18/2013	All Meals, HOC-INMATE MEALS - 29741 Meals @ 1.2080 ea.	35927.13
12/25/2013	All Meals, HOC-INMATE MEALS - 28951 Meals @ 1.2080 ea.	34972.81
12/25/2013	HOC - TOTAL BAG LUNCHES WEEK OF 12/19 - 12/25/13	1345.71
12/25/2013	HOC - TOTAL PREGNANCY AND DIABETICS WEEK OF 12/19 - 12/25/13	170.19

PRINTED INVOICE

Sub Total ->	191382.85
Sales Tax ->	0.00
Total Amount Due ->	191382.85

Tax Exemption Number: 232778485 Certificate on File ☐ Yes ☒ No

Payment made by ☐ Cash Deposit Date _____
☐ Check Check No. _____ Check Date _____

Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature _____ Other Signature _____

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Attention: Dean Kothrade

Invoice Number: 3312000407
Invoice Date: 12/25/2013
Amount Due: 134165.05

For additional information on this Invoice, please call

OLGA CEBALLOS (414) 427-4719

Sale		
Date	Description	Amount
11/27/2013	All Meals, CJF - INMATE MEALS - 20651 Meals @ 1.2080 ea.	24946.41
11/27/2013	CJF - TOTAL BAG LUNCHES AND TRANSPORT 11/21 - 11/27/13	292.34
11/27/2013	CJF - TOTAL BOOKING, PREGNANCY AND DIABETICS 11/21 - 11/27/13	1909.42
11/27/2013	CJF - TOTAL EXTRA MILK 11/21 - 11/27/13	264.68
12/04/2013	All Meals, CJF - INMATE MEALS - 20561 Meals @ 1.2080 ea.	24837.69
12/04/2013	CJF - TOTAL BAG LUNCHES AND TRANSPORT 11/28 - 12/4/13	196.90
12/04/2013	CJF - TOTAL BOOKING, PREGNANCY AND DIABETICS 11/28 - 12/4/13	1308.27
12/04/2013	CJF - TOTAL EXTRA MILK 11/28 - 12/4/13	225.50
12/11/2013	CJF - TOTAL BAG LUNCHES AND TRANSPORT FOR WEEK OF 12/5 - 12/11/13	298.38
12/11/2013	CJF - TOTAL BOOKING, PREGNANCY AND DIABETICS FOR WEEK OF 12/5 - 12/11/13	1565.75

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I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000407
Invoice Date: 12/25/2013
Page No. 2

Attention: Dean Kothrade

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
12/11/2013	All Meals, CJF - INMATE MEALS - 20376 Meals @ 1.2080 ea.	24614.21
12/11/2013	CJF - TOTAL EXTRA MILK WEEK OF 12/5 - 12/11/13	222.21
12/18/2013	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK OF 12/12 - 12/18/13	320.12
12/18/2013	CJF - TOTAL BOOKING, PREGNANCY, AND DIABETICS WEEK OF 12/12 - 12/19/13	1756.25
12/18/2013	All Meals, CJF - INMATE MEALS - 20472 Meals @ 1.2080 ea.	24730.18
12/18/2013	CJF - TOTAL EXTRA MILK WEEK OF 12/12 - 12/18/13	192.35
12/25/2013	All Meals, CJF - INMATE MEALS - 20207 Meals @ 1.2080 ea.	24410.06
12/25/2013	CJF - TOTAL BAG LUNCHES WEEK OF 12/19 - 12/25/13	205.36
12/25/2013	CJF - TOTAL BOOKING, PREGNANCY, AND DIABETICS WEEK OF 12/19 - 12/25/13	1662.37
12/25/2013	CJF - TOTAL EXTRA MILK WEEK OF 12/19 - 12/25/13	206.60

---- Continued ----

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
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MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

Attention: Dean Kothrade

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000407
Invoice Date: 12/25/2013
Page No. 3

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale
Date

Description

Amount

PRINTED INVOICE

Sub Total -> 134165.05
Sales Tax -> 0.00
Total Amount Due -> 134165.05

Tax Exemption Number: Certificate on File ___ Yes ☒ No

Payment made by ___ Cash Deposit Date _____
___ Check Check No. _____ Check Date _____

Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature

Other Signature

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee House of Correction
8885 South 68th Street
Franklin, WI 53132-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000417
Invoice Date: 01/24/2014
Amount Due: 145813.33 37

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

- 246,42

145,566.95

Sale

Date

Description

Amount

01/01/2014	All Meals, HOC-INMATE MEALS - 29078 Meals @ 1.2080 ea.	35126.22
01/01/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 1/1/14	1394.03
01/01/2014	HOC - TOTAL PREGANCY AND DIABETICS WEEK ENDING 1/1/14	170.16
01/08/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 1/8/14	1708.10
01/08/2014	HOC - TOTAL PREGNACY AND DIABETICS WEEK ENDING 1/8/14	167.45
01/08/2014	All Meals, HOC-INMATE MEALS - 29293 Meals @ 1.1780 ea.	34507.15
01/15/2014	All Meals, HOC-INMATE MEALS - 28833 Meals @ 1.1780 ea.	33965.27
01/15/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 1/15/14	1887.16
01/15/2014	HOC - TOTAL PREGANACY AND DIABETICS WEEK ENDING 1/15/14	186.66
01/22/2014	All Meals, HOC-INMATE MEALS - 29607 Meals @ 1.1780 ea.	34877.05

---- Continued ----

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
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MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee House of Correction
8885 South 68th Street
Franklin, WI 53132-

IMPORTANT
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Invoice Number: 3312000417
Invoice Date: 01/24/2014
Page No. 2

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
01/22/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 1/22/14	1637.42
01/22/2014	HOC - TOTAL PREGANACY AND DIABETICS WEEK ENDING 1/22/14	186.66

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Sub Total -> 145813.33
Sales Tax -> 0.00
Total Amount Due -> 145813.33

Tax Exemption Number: 232778485 Certificate on File ☒ Yes ☐ No

Payment made by ☐ Cash Deposit Date _____
☐ Check Check No. _____ Check Date _____

Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature

Other Signature

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Attention: Mary Wenten

Invoice Number: 3312000416
Invoice Date: 01/24/2014
Amount Due: 105082.1922

For additional information on this Invoice, please call

OLGA CEBALLOS (414) 427-4719

- 170.40
\$ 104,911.76

Sale

Date	Description	Amount
------	-------------	--------

01/01/2014	All Meals, CJF - INMATE MEALS - 20457 Meals @ 1.2080 ea.	24712.06
01/01/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 1/1/14	94.22
01/01/2014	CJF - TOTAL BOOKING, PREGNANCY AND DIABETICS WEEK ENDING 1/1/14	1282.46
01/01/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 1/1/14	210.43
01/08/2014	All Meals, CJF - INMATE MEALS - 20478 Meals @ 1.1780 ea.	24123.08
01/08/2014	CJF - TOTAL BAG LUNCHES AND TRASPORT WEEK ENDING 1/8/14	262.69
01/08/2014	CJF - TOTAL BOOKING, PREGNANCY AND TRANSPORT WEEK ENDING 1/8/14	1172.12
01/08/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 1/8/14	206.32
01/15/2014	All Meals, CJF - INMATE MEALS - 20380 Meals @ 1.1780 ea.	24007.64
01/15/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 1/15/14	283.90
01/15/2014	CJF - TOTAL BOOKING, PREGANACY AND DIABETICS WEEK ENDING 1/15/14	1642.06

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I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

Attention: Mary Wenten

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000416
Invoice Date: 01/24/2014
Page No. 2

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale		
Date	Description	Amount
01/15/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 1/15/14	234.27
01/22/2014	All Meals, CJF - INMATE MEALS - 20613 Meals @ 1.1780 ea.	24282.11
01/22/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 1/22/14	378.14
01/22/2014	CJF - TOTAL BOOKING, PREGANACY AND DIABETICS WEEK ENDING 1/22/14	1990.67
01/22/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 1/22/14	200.02

PRINTED INVOICE

Sub Total -> 105082.19
Sales Tax -> 0.00
Total Amount Due -> 105082.19

Tax Exemption Number: _____ Certificate on File ☒ Yes ☐ No
Payment made by ☐ Cash Deposit Date _____
☐ Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature

Other Signature

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000420
Invoice Date: 02/20/2014
Amount Due: 21.37

Attention: Mary Wenten


For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale		
Date	Description	Amount
02/12/2014	CJF- 1CS OF GRAHAM CRACKERS TO HEALTH CENTER ON 2/12/14	21.37

PRINTED INVOICE

Sub Total -> 21.37
Sales Tax -> 0.00
Total Amount Due -> 21.37

Tax Exemption Number: Certificate on File Yes ☒ No
Payment made by Cash Deposit Date
Check Check No. Check Date
Amount of Check Number of Invoice(s) Paid

Authorized ARAMARK Signature  Other Signature

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
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MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee House of Correction
8885 South 68th Street
Franklin, WI 53132-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000422
Invoice Date: 02/20/2014
Amount Due: 47.56

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
02/05/2014	HOC - CHARGE FOR 3 CASES OF APPLE JUICE WEEK ENDING 2/5/14	26.19
02/19/2014	HOC - 1 CS GRAHAM CRACKERS TO HEALTH CENTER ON 2/16/14	21.37

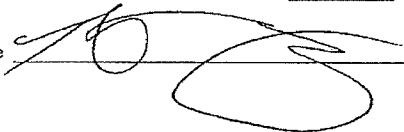
PRINTED INVOICE

Sub Total -> 47.56
Sales Tax -> 0.00
Total Amount Due -> 47.56

Tax Exemption Number: 232778485 Certificate on File ___Yes_/_No

Payment made by ___ Cash Deposit Date _____
___ Check Check No. _____ Check Date _____

Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature  Other Signature _____

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
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P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee House of Correction
8885 South 68th Street
Franklin, WI 53132-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000421
Invoice Date: 02/20/2014
Amount Due: 148344.74

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
01/29/2014	All Meals, HOC-INMATE MEALS - 30272 Meals @ 1.1780 ea.	35660.42
01/29/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 1/29/14	1757.58
01/29/2014	HOC - TOTAL PREGANCY AND DIABETICS WEEK ENDING 1/29/14	178.43
02/05/2014	All Meals, HOC-INMATE MEALS - 30053 Meals @ 1.1780 ea.	35402.43
02/05/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 2/5/14	1877.73
02/05/2014	HOC - TOTAL PREGANCY AND DIABETICS WEEK ENDING 2/5/14	189.41
02/05/2014	HOC - 1 CRATE OF MILK WEEK ENDING 2/5/14	10.71
02/12/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 2/12/14	1611.50
02/12/2014	HOC - TOTAL PREGNANCY AND DIABETICS WEEK ENDING 2/12/14	192.15
02/12/2014	All Meals, HOC-INMATE MEALS - 30225 Meals @ 1.1780 ea.	35605.05

✓ 5
+ 26.19
Billed
separately

---- Continued ----

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee House of Correction
8885 South 68th Street
Franklin, WI 53132-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000421
Invoice Date: 02/20/2014
Page No. 2

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
02/19/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 2/19/14	1447.76
02/19/2014	HOC - TOTAL PREGANACY AND DIABETICS WEEK ENDING 2/19/14	188.31
02/19/2014	All Meals, HOC-INMATE MEALS - 29052 Meals @ 1.1780 ea.	34223.26

✓ 26,37
Billed
separately

PRINTED INVOICE

Sub Total -> 148344.74
Sales Tax -> 0.00
Total Amount Due -> 148344.74

Tax Exemption Number: 232778485 Certificate on File ☒ Yes ☐ No

Payment made by ☐ Cash Deposit Date _____
☐ Check Check No. _____ Check Date _____

Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature

Other Signature

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

Attention: Mary Wenten

IMPORTANT

Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000419

Invoice Date: 02/20/2014

Amount Due: 105071.14 *OK.*

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

(already net 21.37) *gg*

Sale Date	Description	Amount
01/29/2014	All Meals, CJF - INMATE MEALS - 20602 Meals @ 1.1780 ea.	24269.16
01/29/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 1/29/14	248.56
01/29/2014	CJF - TOTAL BOOKING, PREGANACY AND DIABETICS WEEK ENDING 1/29/14	1308.27
01/29/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 1/29/14	234.54
02/05/2014	All Meals, CJF - INMATE MEALS - 20660 Meals @ 1.1780 ea.	24337.48
02/05/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 2/5/14	259.16
02/05/2014	CJF - TOTAL BOOKING AND PREGNACY WEEK ENDING 2/5/14	1513.59
02/05/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 2/5/14	208.51
02/12/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 2/12/14	195.55

---- Continued ----

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."
MAIL ALL REMITTANCES TO
ARAMARK Correctional Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Attention: Mary Wenten

Invoice Number: 3312000419
Invoice Date: 02/20/2014
Page No. 2

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
02/12/2014	CJF - TOTAL BOOKING, PREGNACY AND DIABETICS WEEK ENDING 2/12/14	1631.63
02/12/2014	All Meals, CJF - INMATE MEALS - 20724 Meals @ 1.1780 ea.	24412.87
02/12/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 2/12/14	215.09
02/19/2014	All Meals, CJF - INMATE MEALS - 20756 Meals @ 1.1780 ea.	24450.57
02/19/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 2/19/14	180.23
02/19/2014	CJF - TOTAL BOOKING AND PREGNANCY WEEK ENDING 2/19/14	1358.78
02/19/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 2/19/14	247.15

PRINTED INVOICE

Sub Total -> 105071.14
Sales Tax -> 0.00
Total Amount Due -> 105071.14

Tax Exemption Number: Certificate on File ☒ Yes ☐ No

Payment made by ☐ Cash ☐ Check Deposit Date _____
Check No. _____ Check Date _____

Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature

Other Signature

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee House of Correction
8885 South 68th Street
Franklin, WI 53132-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000430
Invoice Date: 03/28/2014
Amount Due: ~~201698.90~~

HOC
TOTAL

177,393.23

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Billed as
for Jail
invoice

[Signature]

Sale Date	Description	Amount
02/26/2014	All Meals, HOC-INMATE MEALS - 29153 Meals @ 1.1780 ea.	34342.23
02/26/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 2/26/14	1570.27
02/26/2014	HOC - TOTAL PREGNACY AND DIABETICS WEEK ENDING 2/26/14	186.66
03/05/2014	All Meals, HOC-INMATE MEALS - 28391 Meals @ 1.1780 ea.	33444.60
03/05/2014	HOC - TOTAL BAG LUNCHES 02/27 - 03/05/14.	1384.15
03/05/2014	HOC - TOTAL PREGNACY AND DIABETICS 02/27 - 03/05/14.	184.46
03/12/2014	All Meals, CJF - INMATE MEALS - 20633 Meals @ 1.1780 ea.	24305.67
03/12/2014	All Meals, HOC-INMATE MEALS - 28391 Meals @ 1.1780 ea.	33444.60
03/12/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 3/12/14	1467.79
03/12/2014	HOC - TOTAL PREGNACY AND DIABETICS WEEK ENDING 3/12/14	208.62

---- Continued ----

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee House of Correction
8885 South 68th Street
Franklin, WI 53132-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000430
Invoice Date: 03/28/2014
Page No. 2

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
03/19/2014	All Meals, HOC-INMATE MEALS - 29080 Meals @ 1.1780 ea.	34256.24
03/19/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 3/19/14	1468.97
03/19/2014	HOC - TOTAL PREGANCY AND DIABETICS WEEK ENDING 3/19/14	192.15
03/26/2014	All Meals, HOC-INMATE MEALS - 28749 Meals @ 1.1780 ea.	33866.32
03/26/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 3/26/14	1161.51
03/26/2014	HOC - TOTAL PREGANCY AND DIABETICS WEEK ENDING 3/26/14	214.66

PRINTED INVOICE

Sub Total -> 201698.90
Sales Tax -> 0.00
Total Amount Due -> 201698.90

Tax Exemption Number: 232778485 Certificate on File ___ Yes ☒ No

Payment made by ___ Cash Deposit Date _____
___ Check Check No. _____ Check Date _____

Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature

Other Signature

177,393.⁷³

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Attention: Mary Wenten

Invoice Number: 3312000428
Invoice Date: 03/28/2014
Amount Due: 106939.83

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

One more
Bulho Jail - extra week = \$131,295.51

Sale Date	Description	Amount
02/26/2014	All Meals, CJF - INMATE MEALS - 20596 Meals @ 1.1780 ea.	24262.09
02/26/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 2/26/14	270.94
02/26/2014	CJF - TOTAL BOOKING, PREGNANCY AND DIABETICS WEEK ENDING 2/26/14	1836.41
02/26/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 2/26/14	245.50
03/05/2014	All Meals, Booking Sandwich at CJF - 19516 Meals @ 1.1780 ea.	22989.85
03/05/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT 02/27 - 03/05/14	206.15
03/05/2014	CJF - TOTAL BOOKING, PREGNANCY AND DIABETICS 02/27 - 03/05/14.	1722.21
03/05/2014	CJF - TOTAL EXTRA MILKS 02/27 - 03/05/14.	221.12
03/12/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 3/12/14	270.94
03/12/2014	CJF - TOTAL BOOKING, PREGNACY AND DIABETICS WEEK ENDING 3/12/14	1688.18

---- Continued ----

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000428
Invoice Date: 03/28/2014
Page No. 2

Attention: Mary Wenten

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
03/12/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 3/12/14	217.28
03/19/2014	All Meals, CJF - INMATE MEALS - 20974 Meals @ 1.1780 ea.	24707.37
03/19/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 3/19/14	261.52
03/19/2014	CJF - TOTAL BOOKING, PREGNACY AND DIABETICS WEEK ENDING 3/19/14	1576.73
03/19/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 3/19/14	230.43
03/26/2014	All Meals, CJF - INMATE MEALS - 20788 Meals @ 1.1780 ea.	24488.26
03/26/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 3/26/14	181.41
03/26/2014	CJF - TOTAL BOOKING AND PREGNACY WEEK ENDING 3/26/14	1354.93
03/26/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 3/26/14	208.51

----- Continued -----

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

Attention: Mary Wenten

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000428
Invoice Date: 03/28/2014
Page No. 3

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale		
Date	Description	Amount

PRINTED INVOICE

Sub Total -> 106939.83
Sales Tax -> 0.00
Total Amount Due -> 106939.83

Tax Exemption Number: _____ Certificate on File ☐ Yes ☒ No
Payment made by ☐ Cash Deposit Date _____
☐ Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature

Other Signature

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000429
Invoice Date: 03/28/2014
Amount Due: 149.59

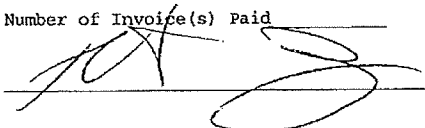
Attention: Mary Wenten

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale		Amount
Date	Description	
03/12/2014	CJF - 7 CASES OF GRAHAM CRACKERS ON	149.59
3/10/14		

PRINTED INVOICE

Sub Total -> 149.59
Sales Tax -> 0.00
Total Amount Due -> 149.59

Tax Exemption Number: _____ Certificate on File ☒ Yes ☐ No
Payment made by ☐ Cash Deposit Date _____
☐ Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____
Authorized ARAMARK Signature  Other Signature _____

I N V O I C E
Correctional Services

not paid 7/1/14

Terms: Due Upon Presentation

Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO

ARAMARK Correction Services

P.O BOX 406019

Atlanta, GA 30384-6019

TO:

Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

L

IMPORTANT

Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000442

Invoice Date: 04/19/2014

Amount Due: 105711.62

Attention: Mary Wenten

For additional information on this Invoice, please call

OLGA CEBALLOS

(414) 427-4719

Sale		
Date	Description	Amount
04/02/2014	All Meals, CJF - INMATE MEALS - 20750 Meals @ 1.1780 ea.	24443.50
04/02/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDIG 4/2/14	290.97
04/02/2014	CJF - TOTAL BOOKING, PREGNACY AND DIABETICS WEEK ENDING 4/2/14	1767.23
04/02/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 4/2/14	212.08
04/09/2014	All Meals, CJF - INMATE MEALS - 20737 Meals @ 1.1780 ea.	24428.19
04/09/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 4/9/14	380.49
04/09/2014	CJF - TOTAL BOOKING, PREGNACY AND DIABETICS WEEK ENDING 4/9/14	1956.64
04/09/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 4/9/14	238.93
04/16/2014	All Meals, CJF - INMATE MEALS - 20614 Meals @ 1.1780 ea.	24283.29
04/16/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 4/16/14	268.58
04/16/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 4/16/14	231.53

---- Continued ----

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000442
Invoice Date: 04/19/2014
Page No. 2

Attention: Mary Wenten

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
04/16/2014	CJF - TOTAL BOOKING, PREGNACY AND DIABETICS WEEK ENDING 4/16/14	1360.42
04/23/2014	All Meals, CJF - INMATE MEALS - 20499 Meals @ 1.1780 ea.	24147.82
04/23/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 4/23/14	256.80
04/23/2014	CJF - TOTAL BOOKING, PREGNACY AND DIABETICS WEEK ENDING 4/23/14	1241.29
04/23/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 4/23/14	203.86

MODIFIED PRINTED INVOICE

Sub Total -> 105711.62
Sales Tax -> 0.00
Total Amount Due -> 105711.62

Tax Exemption Number: _____ Certificate on File ☒ Yes ☐ No
Payment made by ☐ Cash Deposit Date _____
☐ Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature

Other Signature

not
paid
No

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee House of Correction
8885 South 68th Street
Franklin, WI 53132-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000443
Invoice Date: 04/25/2014
Amount Due: 147171.33

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
04/02/2014	All Meals, HOC-INMATE MEALS - 28925 Meals @ 1.1780 ea.	34073.65
04/02/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 4/2/14	1658.62
04/02/2014	HOC - TOTAL PREGNACY AND DIEBETICS WEEK ENDING 4/2/14	209.72
04/09/2014	All Meals, HOC-INMATE MEALS - 30073 Meals @ 1.1780 ea.	35425.99
04/09/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 4/9/14	1769.36
04/09/2014	HOC - TOTAL PREGNACY AND DIABETICS WEEK ENDING 4/9/14	173.48
04/16/2014	All Meals, HOC-INMATE MEALS - 30189 Meals @ 1.1780 ea.	35562.64
04/16/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 4/16/14	1397.11
04/16/2014	HOC - TOTAL PREGNACY AND DIABETICS WEEK ENDING 4/16/14	137.80
04/23/2014	All Meals, HOC-INMATE MEALS - 29831 Meals @ 1.1780 ea.	35140.92

----- Continued -----

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee House of Correction
8885 South 68th Street
Franklin, WI 53132-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000443
Invoice Date: 04/25/2014
Page No. 2

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
04/23/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 4/23/14	1459.54
04/23/2014	HOC - TOTAL PREGNACY AND DIEBETICS WEEK ENDING 4/23/14	162.50

PRINTED INVOICE

Sub Total -> 147171.33
Sales Tax -> 0.00
Total Amount Due -> 147171.33

Tax Exemption Number: 232778485 Certificate on File ___ Yes ☒ No

Payment made by ___ Cash Deposit Date _____
___ Check Check No. _____ Check Date _____

Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature

Other Signature

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:

Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

Attention: Mary Wenten

IMPORTANT

Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000446
Invoice Date: 05/23/2014
Amount Due: 104588.44

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Handwritten:
2606902
26031.74
26131.91
26360.75
104,588.92

Handwritten:
43 - Detailed
Calc

Sale

Date	Description	Amount
------	-------------	--------

Apr 24 2014	04/30/2014 All Meals, CJF - INMATE MEALS - 20645 Meals @ 1.1780 ea.	24319.81
	04/30/2014 CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 4/30/14	200.26
	04/30/2014 CJF - TOTAL BOOKING, PREGNANCY AND DIABETICS WEEK ENDING 4/30/14	1334.07
	04/30/2014 CJF - TOTAL EXTRA MILK WEEK ENDING 4/30/14	209.88
	05/07/2014 All Meals, CJF - INMATE MEALS - 20585 Meals @ 1.1780 ea.	24249.13
	05/07/2014 CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 5/7/14	208.51
	05/07/2014 CJF - TOTAL BOOING, PREGNANCY AND DIABETICS WEEK ENDING 5/7/14	1341.21
	05/07/2014 CJF - TOTAL EXTRA MILK WEEK ENDING 5/7/14	232.90
	05/14/2014 All Meals, CJF - INMATE MEALS - 20777 Meals @ 1.1780 ea.	24475.31
	05/14/2014 CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 5/14/14	316.88

----- Continued -----

INVOICE
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

Attention: Mary Wenten

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

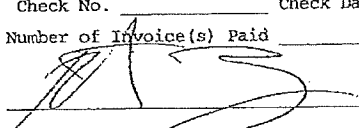
Invoice Number: 3312000446
Invoice Date: 05/23/2014
Page No. 2

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
05/14/2014	CJF - TOTAL BOOKING, PREGNACY AND DIABETICS WEEK ENDING 5/14/14	1126.00
05/14/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 5/14/14	213.72
05/21/2014	All Meals, CJF - INMATE MEALS - 20887 Meals @ 1.1780 ea.	24604.89
05/21/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 5/21/14	202.62
05/21/2014	CJF - TOTAL BOOKING, PREGNACY AND DIEBETICS WEEK ENDING 5/21/14	1323.09
05/21/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 5/21/14	230.16

PRINTED INVOICE

Sub Total -> 104588.44
Sales Tax -> 0.00
Total Amount Due -> 104588.44

Tax Exemption Number: _____ Certificate on File ☒ Yes ☐ No
Payment made by ☐ Cash Deposit Date _____
☐ Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____
Authorized ARAMARK Signature  Other Signature _____

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee House of Correction
8885 South 68th Street
Franklin, WI 53132-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000447
Invoice Date: 05/23/2014
Amount Due: 51.04

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
04/30/2014	HOC - LAUNDRY COOKIES WEEK ENDING 4/30/14	12.76
05/07/2014	HOC - LAUNDRY COOKIES WEEK ENDING 5/7/14	12.76
05/14/2014	HOC - LAUNDRY COOKIES WEEK ENDING 5/14/14	12.76
05/21/2014	HOC - TOTAL LAUNDRY COOKIES WEEK ENDING 5/21/14	12.76

PRINTED INVOICE

Sub Total -> 51.04
Sales Tax -> 0.00
Total Amount Due -> 51.04

Tax Exemption Number: 232778485 Certificate on File ☐ Yes ☒ No

Payment made by ☐ Cash Deposit Date _____
☐ Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature

Other Signature

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee House of Correction
8885 South 68th Street
Franklin, WI 53132-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000448
Invoice Date: 05/23/2014
Amount Due: 141105.44 OK.

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

35,986.88
38,621.51
38,979.61
38,510.44
141,105.44 =

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Sale Date	Description	Amount
04/30/2014	All Meals, HOC-INMATE MEALS - 28875 Meals @ 1.0877 ea.	31407.34
04/30/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 4/30/14	1796.45
04/30/2014	HOC - TOTAL PREGNACY AND DIABETICS WEEK ENDING 4/30/14	175.68
05/07/2014	All Meals, HOC-INMATE MEALS - 28746 Meals @ 1.1780 ea.	33862.79
05/07/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 5/7/14	1570.27
05/07/2014	HOC - TOTAL PREGNACY AND DIEBETICS WEEK ENDING 5/7/14	195.44
05/14/2014	All Meals, HOC-INMATE MEALS - 28364 Meals @ 1.1780 ea.	33412.79
05/14/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 5/14/14	1390.04
05/14/2014	CIT ^{HOC} - TOTAL PREGNACY AND DIABETICS WEEK ENDING 5/14/14	176.78
05/21/2014	All Meals, HOC-INMATE MEALS - 27861 Meals @ 1.1780 ea.	32820.26

----- Continued -----

I N V O I C E
Correctional Services

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P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee House of Correction
8885 South 68th Street
Franklin, WI 53132-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000457
Invoice Date: 06/27/2014
Amount Due: 174537.51

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale		
Date	Description	Amount
05/28/2014	All Meals, HOC-INMATE MEALS - 28365 Meals @ 1.1780 ea.	33413.97
05/28/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 5/28/14	1476.03
05/28/2014	HOC - TOTAL PREGNACY AND DIABETICS WEEK ENDING 5/28/14	181.17
06/04/2014	All Meals, HOC-INMATE MEALS - 28369 Meals @ 1.1780 ea.	33418.68
06/04/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 6/4/14	1672.76
06/04/2014	HOC - TOTAL PREGNACY AND DIABETCS WEEK ENDING 6/4/14	150.43
06/11/2014	All Meals, HOC-INMATE MEALS - 27989 Meals @ 1.1780 ea.	32971.04
06/11/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 6/11/14	1737.55
06/11/2014	HOC - TOTAL PREGNACY AND DIABETICS WEEK ENDING 6/11/14	181.17
06/18/2014	All Meals, HOC-INMATE MEALS - 27312 Meals @ 1.1780 ea.	32173.54

---- Continued ----

I N V O I C E
Correctional Services

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Atlanta, GA 30384-6019

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IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000457
Invoice Date: 06/27/2014
Page No. 2

For additional information on this Invoice, please call

OLGA CEBALLOS (414) 427-4719

Sale		
Date	Description	Amount
06/18/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 6/18/14	2061.50
06/18/2014	HOC - TOTAL PREGANCY AND DIABETICS WEEK ENDING 6/18/14	170.19
06/25/2014	All Meals, HOC-INMATE MEALS - 27944 Meals @ 1.1780 ea.	32918.03
06/25/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 6/25/14	1874.20
06/25/2014	HOC - TOTAL PREGANCY AND DIABETICS WEEK ENDING 6/25/14	137.25

PRINTED INVOICE

Sub Total -> 174537.51
Sales Tax -> 0.00
Total Amount Due -> 174537.51

Tax Exemption Number: 232778485 Certificate on File ☒ Yes ☐ No

Payment made by ☐ Cash Deposit Date _____
☐ Check Check No. _____ Check Date _____

Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature _____

Other Signature _____

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."
MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Attention: Mary Wenten

Invoice Number: 3312000459
Invoice Date: 06/27/2014
Amount Due: 130845.11¹⁰

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale		
Date	Description	Amount
05/28/2014	All Meals, CJF - INMATE MEALS - 20781 Meals @ 1.1780 ea.	24480.02
05/28/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 5/28/14	295.68
05/28/2014	CJF - TOTAL BOOKING, PREGNACY AND DIEBETICS WEEK ENDING 5/28/14	1115.02
05/28/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 5/28/14	246.87
06/04/2014	All Meals, CJF - INMATE MEALS - 20632 Meals @ 1.1780 ea.	24304.50
06/04/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 6/4/14	306.28
06/04/2014	CJF - TOTAL BOOKING, PREGNACY AND DIABETICS WEEK ENDING 6/4/14	1190.78
06/04/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 6/4/14	231.53
06/11/2014	All Meals, CJF - INMATE MEALS - 20581 Meals @ 1.1780 ea.	24244.42
06/11/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 6/11/14	323.95

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I N V O I C E
Correctional Services

Terms: Due Upon Presentation
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MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Attention: Mary Wenten

Invoice Number: 3312000459
Invoice Date: 06/27/2014
Page No. 3

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale

Date

Description

Amount

PRINTED INVOICE

Sub Total -> 130845.11
Sales Tax -> 0.00
Total Amount Due -> 130845.11

Tax Exemption Number: Certificate on File ___Yes_/_No

Payment made by ___ Cash Deposit Date _____
___ Check Check No. _____ Check Date _____

Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature

Other Signature _____

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK Correction Services
P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee House of Correction
8885 South 68th Street
Franklin, WI 53132-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000471
Invoice Date: 07/25/2014
Amount Due: 143561.86

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
07/02/2014	All Meals, HOC-INMATE MEALS - 27659 Meals @ 1.1780 ea.	32582.30
07/02/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 7/2/14	2089.77
07/02/2014	HOC - TOTAL PREGANCY AND DIABETICS WEEK ENDING 7/2/14	170.19
07/09/2014	All Meals, HOC-INMATE MEALS - 28591 Meals @ 1.1780 ea.	33680.20
07/09/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 7/9/14	1628.00
07/09/2014	HOC - TOTAL PREGANCY AND DIABETICS WEEK ENDING 7/9/14	175.68
07/16/2014	All Meals, HOC-INMATE MEALS - 29241 Meals @ 1.1780 ea.	34445.90
07/16/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 7/16/14	1605.61
07/16/2014	HOC - TOTAL PREGANCY AND DIABETICS WEEK ENDING 7/16/14	176.78
07/23/2014	All Meals, HOC-INMATE MEALS - 29610 Meals @ 1.1780 ea.	34880.58

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INVOICE
Correctional Services

Terms: Due Upon Presentation
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Atlanta, GA 30384-6019

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8885 South 68th Street
Franklin, WI 53132-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000471
Invoice Date: 07/25/2014
Page No. 2

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
07/23/2014	HOC - TOTAL BAG LUNCHES WEEK ENDING 7/24/14	1956.66
07/23/2014	HOC - TOTAL PREGNACY AND DIABETICS WEEK ENDING 7/23/14	170.19

PRINTED INVOICE

Sub Total -> 143561.86
Sales Tax -> 0.00
Total Amount Due -> 143561.86

Tax Exemption Number: 232778485 Certificate on File ___Yes_√_No

Payment made by ___ Cash Deposit Date _____
___ Check Check No. _____ Check Date _____

Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature

Other Signature

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
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P.O BOX 406019
Atlanta, GA 30384-6019

TO:
Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000470
Invoice Date: 07/25/2014
Amount Due: 105357.38

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
07/02/2014	All Meals, CJF - INMATE MEALS - 20745 Meals @ 1.1780 ea.	24437.61
07/02/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 7/2/14	497.12
07/02/2014	CJF - TOTAL BOOKING, PREGANCY AND DIABETICS WEEK ENDING 7/2/14	1072.75
07/02/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 7/2/14	209.34
07/09/2014	All Meals, CJF - INMATE MEALS - 20575 Meals @ 1.1780 ea.	24237.35
07/09/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 7/9/14	640.83
07/09/2014	CJF - TOTAL BOOKING, PREGANCY AND DIABETICS WEEK ENDING 7/9/14	1303.33
07/09/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 7/9/14	232.08
07/16/2014	All Meals, CJF - INMATE MEALS - 20765 Meals @ 1.1780 ea.	24461.17
07/16/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 7/16/14	857.58
07/16/2014	CJF - TOTAL BOOKING, PREGANCY AND DIABETICS WEEK ENDING 7/16/14	857.58

---- Continued ----

I N V O I C E
Correctional Services

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Atlanta, GA 30384-6019

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Milwaukee County Sheriff's Dep
821 West State Street
Milwaukee, WI 53233-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 3312000470
Invoice Date: 07/25/2014
Page No. 2

Attention: Mary Wenten

For additional information on this Invoice, please call
OLGA CEBALLOS (414) 427-4719

Sale Date	Description	Amount
07/16/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 7/16/14	253.45
07/23/2014	All Meals, CJF - INMATE MEALS - 20656 Meals @ 1.1780 ea.	24332.77
07/23/2014	CJF - TOTAL BAG LUNCHES AND TRANSPORT WEEK ENDING 7/23/14	735.07
07/23/2014	CJF - TOTAL BOOKING, PREGANCY AND DIABETICS WEEK ENDING 7/23/14	1004.12
07/23/2014	CJF - TOTAL EXTRA MILK WEEK ENDING 7/23/14	225.23

PRINTED INVOICE

Sub Total -> 105357.38
Sales Tax -> 0.00
Total Amount Due -> 105357.38

Tax Exemption Number: Certificate on File ☐ Yes ☒ No

Payment made by ☐ Cash ☐ Deposit Date _____
☐ Check ☐ Check No. _____ Check Date _____

Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature _____

Other Signature _____